

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		2				
4		①				
5		①				
6		①				
7		①				
8		①				
9		①				
10	1					
11	1					
12		1				
13		3				
14		①				
15	1					
16		1				
17		2				
18		①				
19		①				
20	1					
21	1					
22	1					
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.	8					
TOTAL CLAIMS	26					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
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58						
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62						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						